-1 -- Exercicable

Best cilable Copy CLARATION AND POWER OF ATTOR

As a below named inventor, I here My residence, post office address tor (if only one name is listed belowhich is claimed and for which a p INFORMATION SYSTEM FO	and ditizenshi ow) or an origi atent is sough	p are as stated below next t inal, first and joint inventor t on the invention entitled:	(if plural invo	entors are R AID	e named below) of ED MAINTENA	the subject matter
the specification of which 🖾 is attached hereto or 🗆 was filed on						Application Serial
No and was amended on						
I have reviewed and understand the referred to above. I acknowledge ance with Title 37, Code of Feder of any foreign application(s) for patent or inventor's certificate Prior Foreign Application(s)	the duty to di al Regulations patent or inve	isclose information which i, §1.56(a). I claim foreign intor's certificate listed bel	is material to priority bene ow and have	the exam fits unde also iden	nination of this app r Title 35, United stified below any	olication in accord- States Code, §119
	. <u> </u>					DRITY CLAIMED
COUNTRY		APPLICATION NUMBER		OF FILI		No
					Yes	No
I claim the benefit under Title 3: subject matter of each of the clair by the first paragraph of Title 35, Title 37, Code of Federal Regulati PCT international filing date of this	ns of this app United States ons, §1.56(a) application:	olication is not disclosed in s Code. §112. I acknowled	the prior Uni Ige the duty the filing dat	ted State to disclo	s application in th se material inform	e manner provided ation as defined in
APPLICATION SERIAL NO.		DATE OF FILIN	DATE OF FILING		□ Patented □ Pending □ Abandoned	
			· · · · · · · · · · · · · · · · · · ·		□ Patented □ Pending □ Abandoned	
POWER OF ATTORNEY: As a	named invent	or I hereby appoint the I	ollowing atto			
Office connected therewith. William C. Milks, III Reg. No. 28,445 SEND CORRESPONDENCE TO: William C. Milks, III, Esq. 4746 Woodview Drive Santa Rosa, CA 95405 William C. Milks, II Reg. No. 28,445 (707) 577-4744						I
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CITIZENSHIP POST OFFICE Post Office Address ADDRESS		City	City		ountry	Zip Code
FULL NAME Last Name	· · · · · · · · · · · · · · · · · · ·	First Name			Middle Name or Initial	
RESIDENCE City		State or Foreign Country	State or Foreign Country		Country of Citizenship	
CITIZENSHIP POST OFFICE ADDRESS POST OFFICE ADDRESS	T OFFICE Post Office Address		City State		or Country Zip Code	
further declare that all statemer belief are believed to be true; and fike so made are punishable by fixed willful false statements may justice of inventor 201	urther that the ne or impriso eopardize the	hese statements were måde nment, or both, under sec	with the kn tion 1001 of	owledge Title 18 nt issuin	that willful false so of the United Sta	tatements and the
11/2 16 1992	Dal	(e		Date		